

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) RICHARD CAIN		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2016	
Mailing Address 4534 PLEASANT RIDGE RD		Transaction ID : SA11AI.98354	
City MARIETTA	State OH	Zip Code 45750	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer MARIETTA HEALTH CARE PHYSICIAN INC	Occupation PHYSICIAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) MICHAEL J. CATANZARO		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2016	
Mailing Address 901 DALEBROOK DRIVE		Transaction ID : SA11AI.98352	
City ALEXANDRIA	State VA	Zip Code 22308	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) CHRISTYANN CHAVEZ		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2016	
Mailing Address 114 PINEVIEW CIR		Transaction ID : SA11AI.98288	
City MARIETTA	State OH	Zip Code 45750	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer CONDEVCO	Occupation EXECUTIVE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
SUBTOTAL of Receipts This Page (optional).....		2250.00	
TOTAL This Period (last page this line number only).....			